matoma were noted in the RABAM group. There were no deaths as a result of any procedures.

Conclusions: A transradial artery approach for balloon angioplasty maturation of proximal arm fistulae provides at least equivalent success rates to a standard direct fistula approach with minimal complications.

Author Disclosures: J. Butchko: Nothing to disclose; **S. Pancholy**: Nothing to disclose; **A. Smeraldi**: Nothing to disclose.

PS94.

The Use of Subclavian-Atrial Bypass for the Treatment of Central Venous Hypertension Induced by Dialysis Access Procedures

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Objectives: Hemodialysis patients may encounter severe complications as a result of central venous hypertension. The increasing expertise with endovascular skills offers alternative therapeutic options, but repeat procedures are common, and when these fail, a more definitive intervention is necessary

Methods: We reviewed the records of 3 consecutive patients presenting with massive upper extremity edema and functioning but threatened dialysis grafts. All patients had central venous hypertension due to subclavian or superior vena cava obstruction. These patients were evaluated for either endovascular or open surgical treatment

Results: No patient was found to be suitable for an endovascular approach. All 3 patients underwent subclavian-atrial bypass with externally supported PTFE grafts via supraclavicular and mini-sternotomy incisions. All 3 patients were discharged home within 5 days with no postoperative complications and with significant improvement in their edema. All of the threatened grafts continue to function at 6 months, 1 year, and 3 years. One patient developed a late steal syndrome successfully treated by a DRIL procedure

Conclusions: A Subclavian-atrial bypass appears to be a viable treatment alternative in patients presenting with threatened dialysis grafts and symptomatic upper extremity edema secondary to central venous hypertension

Author Disclosures: F. Baciewicz: Nothing to disclose; **O. Brown**: Nothing to disclose; **D. A. Hernandez**: Nothing to disclose; **G. P. Obnial**: Nothing to disclose; **J. J. Rubin**: Nothing to disclose.

PS96.

Screening for Carotid & Renal Stenosis in Patients Undergoing Tesio Catheter Placement

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Objectives: An earlier report demonstrated that if the prevalence of significant carotid disease to be greater than 4.5%, screening may be cost-effective. Many factors associated with carotid artherosclerosis are shared with those of chronic renal disease, and those patients who have severe renal artery disease may eventually require Tesio catheter placement. Therefore, we postulate performing carotid/renal duplex scans in this high-risk population may be of benefit.

Methods: Between July 2005 and August 2009, 641 patients underwent tesio catheter placement. Of these, 136 patients underwent carotid duplexes perioperatively.

Results: 13 patients (9.6%) had≥60% stenosis, 8 patients (5.9%) had 70-99% stenosis, and 5 patients (3.7%) had prior CEA procedure, each mutually exclusive. Sex was not a significant factor in the outcome of the carotid duplex scans. Of the 109 patients who underwent renal artery duplex, renal artery stenosis was noted in 4.9% of the patients and 2 AAA's were noted.

Conclusions: Our results indicates a significant prevalence of carotid and renal artery stenosis for patients who will also receive Tesio catheter placement, espescially for those with history of coronary artery disease and >60 years of age.

	> 60 %	*50-70%*	*70-99%*	*s/p CEA*
no DM	10.9%	18.8%	6.3%	1.6%
DM	8.3%	22.2%	5.6%	5.6%
no CAD	3.4%	8.6%	3.4%	0
CAD	14.1%	29.5%	7.7%	6.4%
p value	.042	.0028	.467	.071
no HTN	0	20%	0	10%
HTN	8.7%	30.2%	6.3%	3.2%
DM & CAD	12.5%	30%	7.5%	10%
<60 y.o.	0	7.1%	0	0
61-80 y.o.	13.2%	27.9%	5.9%	2.9%
>81 y.o.	10%	17.5%	10%	7.5%

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PS98.

Technical Feasibility, Safety, and Efficacy of a Novel Anastomotic Device (Optiflow™) for the Creation of Arteriovenous Fistulae (AVF) for Hemodialysis

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Objectives: Arteriovenous fistulae (AVFs) are the preferred dialysis vascular access. Over 50% of AVFs are unsuitable for dialysis ("maturation failure") at 5 months, primarily due to peri-anastomotic stenosis. The objective of the study was to evaluate the technical feasibility, safety, and efficacy of a novel anastomotic device for the creation of arteriovenous fistula (AVF) for hemodialysis.